

SOUTH BEND POLICE
CITIZEN'S POLICE ACADEMY
REGISTRATION INFORMATION

DATE: _____
Fall 2014 / Sept.2-Oct 28

NAME: _____ MAIDEN: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

HOME TELEPHONE: _____

WORK PLACE: _____

WORK TELEPHONE: _____ CELL PHONE# _____

E-MAIL (If Available) _____

DRIVER LICENSE NO. _____

DATE OF BIRTH: _____ SS# _____

Have you ever been arrested or convicted of a criminal offense? Yes ____ No ____
(If Yes, please give date occurred, brief description, and police agency involved.)

Does applicant understand that to graduate, seven out of the nine classes must be attended?
Yes ____ No ____

Applicant Signature: _____ Date: _____

Return To The South Bend Police Department Front Desk Area:
Attn: Lt. Pat Hechlinski 235-7527 or Ptl. James Burns 235-9401
Or mail to:
South Bend Police Department, 701 W. Sample Street, South Bend, IN 46601

Administrative Use Only

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CHC ☐

AL ☐

TC ☐

SA ☐

PID ☐